



DEPARTMENT OF CHARITABLE GAMING  
101 N. 14th Street, 17th Floor, James Monroe Building, Richmond, VA 23219-3684  
(804) 786-1681

[www.dcg.virginia.gov](http://www.dcg.virginia.gov)

## SUPPLIER REGISTRATION CERTIFICATE APPLICATION

### General Instructions

1. Use this application when applying for either a new or renewal certificate.
2. Complete the entire application and all attachments. Allow 90 days for processing a **COMPLETE** application.
3. Place "N/A" if item is not applicable. **Please type or print all answers.** Do not use pencil.
4. If needed, attach additional documents or explanation sheets.
5. Enclose a non-refundable \$500 application fee payable to: **Treasurer of Virginia**
6. Ensure application is signed/dated and notarized by the appropriate individual(s).
7. Retain a copy for your records.

### APPLICANT INFORMATION

1. Application Type: ☐ New ☐ Renewal  
Service Provided: ☐ Manufacturer ☐ Distributor ☐ Sales/Supplier
2. Full Business Name: \_\_\_\_\_  
Corporate Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Facsimile No.: (\_\_\_\_) \_\_\_\_\_ Fed. Tax Id No.: \_\_\_\_\_
3. Corporation's Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
Contact Person's Daytime Telephone No.: (\_\_\_\_) \_\_\_\_\_ Facsimile No.: (\_\_\_\_) \_\_\_\_\_  
E-Mail: \_\_\_\_\_
4. Type of Business: ☐ Corporation ☐ Partnership ☐ Limited Liability Company  
☐ Sole Proprietorship  
☐ Other Explain: \_\_\_\_\_

### VIRGINIA REGISTERED AGENT

5. Name of Virginia Registered Agent: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Facsimile No.: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_
6. Please provide a Virginia Certificate of Good Standing. If not attached, please explain. \_\_\_\_\_  
Copy Attached? Yes ☐ No ☐

## PREMISES INFORMATION

7. List the location of the principal place of business, including any and all subsidiaries. (If more space is needed, write the information a separate page and attach.)

a. Full Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Official Jurisdiction (County of/City of): \_\_\_\_\_

Date Incorporated: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Web Page: \_\_\_\_\_

Facsimile No.: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

b. Subsidiary Location: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Official Jurisdiction (County of/City of): \_\_\_\_\_

Date Incorporated: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Web Page: \_\_\_\_\_

Facsimile No.: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

## BUSINESS INFORMATION

8. Please list on a separate sheet each state where you hold a license to sell gaming supplies, the date originally permitted, the date last permitted, your license number, and a copy of each license for each state in which you hold a license. **Please use a separate sheet for additional states.**

<p>a. State _____</p> <p>Where _____</p> <p>Licensed _____</p> <p>Date Last Permitted _____</p>	<p>Date of Original Permit _____</p> <p>License Number _____</p>
---	--

<p>b. State _____</p> <p>Where _____</p> <p>Licensed _____</p> <p>Date Last Permitted _____</p>	<p>Date of Original Permit _____</p> <p>License Number _____</p>
---	--

<p>c. State _____</p> <p>Where _____</p> <p>Licensed _____</p> <p>Date Last Permitted _____</p>	<p>Date of Original Permit _____</p> <p>License Number _____</p>
---	--

## BUSINESS INFORMATION (Continued)

9. Have you attached a copy of your license for each state where are you offering charitable gaming supplies for sale? Yes \_\_\_\_\_ No \_\_\_\_\_

10. If previously licensed in Virginia or **ANY** State, was your license or the license of any subsidiary ever suspended or revoked, or your application or the application of a subsidiary denied or withdrawn? **If yes, attach a detailed explanation for any denial, revocation, suspension or withdrawal, and attach any and all related documents.** Yes \_\_\_\_\_ No \_\_\_\_\_

11. Please provide a list of at least three credit references. *List Attached?* Yes \_\_\_\_\_ No \_\_\_\_\_

12. Type of Product Provided: \_\_\_\_\_ Instant Bingo/Pull-Tabs \_\_\_\_\_ Bingo Paper/Supplies  
\_\_\_\_\_ Electronic Bingo Devices \_\_\_\_\_ Pull-Tab Dispensing Devices  
\_\_\_\_\_ Other - Explain \_\_\_\_\_

13. List location where any and all business records of the applicant and any and all subsidiaries are maintained. **Please provide any additional information on a separate page.** *Attached?* Yes \_\_\_\_\_ No \_\_\_\_\_

a. Full Name of Business: \_\_\_\_\_  
Contact Person: Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Official Jurisdiction (County of/City of): \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Web Page: \_\_\_\_\_  
Facsimile No.: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

b. Subsidiary Location: \_\_\_\_\_  
Contact Person: Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Official Jurisdiction (County of/City of): \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Web Page: \_\_\_\_\_  
Facsimile No.: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

14. List the name and physical address (**which includes the full street address, city, state and zip code**) of each separate location of your business, and any and all subsidiaries, at which warehousing, selling or promoting of bingo supplies, devices or equipment that you intend to offer for sale in the State of Virginia takes place, including the principal contact and telephone number. Include the main office location if distribution takes place at that location: **(Attach additional sheet if necessary.)**

a. Principal Contact Name (Print): \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Physical Address: \_\_\_\_\_

## BUSINESS INFORMATION (Continued)

b. Principal Contact Name (Print): \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Physical Address: \_\_\_\_\_

c. Principal Contact Name (Print): \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Physical Address: \_\_\_\_\_

d. Principal Contact Name (Print): \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Physical Address: \_\_\_\_\_

15. List name of individual(s) and/or company that prepares all financial forms. **Use additional sheet if necessary.** *List Attached?* Yes \_\_\_\_ No \_\_\_\_

a. Individual Name/Business Name: \_\_\_\_\_  
Contact Person: Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Official Jurisdiction (County of/City of): \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Web Page: \_\_\_\_\_  
Facsimile No.: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

b. Individual Name/Business Name: \_\_\_\_\_  
Contact Person: Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Official Jurisdiction (County of/City of): \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Web Page: \_\_\_\_\_  
Facsimile No.: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

16. If the financial forms preparer listed under Item No. 15 is an individual, is the person a licensed certified public accountant? Yes \_\_\_\_ No \_\_\_\_

If yes, please identify the state or states the above referenced person is licensed in: \_\_\_\_\_

*Is license in good standing for each state designated? If not, please explain on additional sheet.*

Yes \_\_\_\_ No \_\_\_\_

## BUSINESS INFORMATION (Continued)

17. Attach a list of any and all banks and/or financial institutions, along with the applicable bank/financial institution account number, utilized by the applicant: **(Please use additional sheet if necessary.)**

a. Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_  
Contact Person: Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

b. Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_  
Contact Person: Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

18. Distributors: List any and all manufacturer(s) of gambling products distributed by the applicant. **(Please use additional sheet if necessary.)**

a. Individual Name/Business Name: \_\_\_\_\_  
Contact Person: Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Type of Product Manufactured: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Web Page: \_\_\_\_\_  
Facsimile No.: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

b. Individual Name/Business Name: \_\_\_\_\_  
Contact Person: Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Type of Product Manufactured: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Web Page: \_\_\_\_\_  
Facsimile No.: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

## PERSONNEL INFORMATION

11 VAC 15-31-20 of the Supplier Regulations provides that no Registration Certificate can be issued prior to a reasonable investigation conducted by the Department of Charitable Gaming. The following information is required to conduct a background investigation. Individuals designated below hereby authorize the Department of Charitable Gaming to investigate all matters relating to this application, and each individual designated below hereby waives any rights or causes of action they may have based upon the disclosure of otherwise confidential information.

19. Complete the following information for **ALL officers, directors, partners or owners with a 10% or greater ownership interest.** Provide **complete** information. **FULL PROPER NAMES** must be listed and include: first name, middle name and last name -- **applications with initials will cause a delay in processing.** If an individual has no middle name, then insert "NMN". Use the "Position Codes" listed below to designate each title. Omitted information will delay the application process. ***Attach additional sheet(s), if necessary.***

Position Codes:    **(P)** President                      **(VP)** Vice President                      **(S)** Secretary                      **(T)** Treasurer

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_  
                     First Name                      Middle Name                      Last Name

Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_  
                     (Must list street address. PO Box will not be accepted)

City: \_\_\_\_\_ Fax No: (\_\_\_\_) \_\_\_\_\_

Home Phone No. (\_\_\_\_) \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Percentage of ownership of applicant or any designated subsidiaries (list subsidiaries): \_\_\_\_\_ %

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_  
                     First Name                      Middle Name                      Last Name

Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_  
                     (Must list street address. PO Box will not be accepted)

City: \_\_\_\_\_ Fax No: (\_\_\_\_) \_\_\_\_\_

Home Phone No. (\_\_\_\_) \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Percentage of ownership of applicant or any designated subsidiaries (list subsidiaries): \_\_\_\_\_ %

## PERSONNEL INFORMATION (Continued)

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_  
First Name Middle Name Last Name

Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_  
**(Must list street address, PO Box will not be accepted)**

City: \_\_\_\_\_ Fax No: (\_\_\_\_) \_\_\_\_\_

Home Phone No. (\_\_\_\_) \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Percentage of ownership of applicant or any designated subsidiaries (list subsidiaries): \_\_\_\_\_ %

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_  
First Name Middle Name Last Name

Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_  
**(Must list street address, PO Box will not be accepted)**

City: \_\_\_\_\_ Fax No: (\_\_\_\_) \_\_\_\_\_

Home Phone No. (\_\_\_\_) \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Percentage of ownership of applicant or any designated subsidiaries (list subsidiaries): \_\_\_\_\_ %

### For Questions Nos. 20 through 36, check either "Yes" or "No".

20. List any and all representatives/agents or immediate family members of the applicant and any and all subsidiaries who will directly market your products to Virginia licensed charitable gaming organizations. *List Attached?* Yes \_\_\_\_\_ No \_\_\_\_\_

21. For each person identified in Item No. 20, please list whether or not the persons designated participate in any way in the management, operation or conduct of charitable gaming activities? If yes, please list specifics on a separate page. *If yes, please explain on separate page.* Yes \_\_\_\_\_ No \_\_\_\_\_

## PERSONNEL INFORMATION (Continued)

22.	<p>For each person identified in Item No. 20, please list any and all interests that any individual designated has in any real estate utilized by a charitable gaming organization. If yes, please list name, address and telephone number of designated employee, and location of property upon which they have an interest, how the property is titled, and if the facility is leased, attach a copy of the lease.</p>	<p><i>If yes, please explain on separate page.</i></p>	<p>Yes _____ No _____</p>
23.	<p>Does any officer, director, partner, principal or owner with 10% or greater interest, or members of the immediate family (hereinafter referred to as a spouse, parent, children, brother, sister, stepparent, stepchildren, or members of the same household) participate in the management, operation or conduct of charitable gaming?</p>	<p><i>If yes, please explain on separate page.</i></p>	<p>Yes _____ No _____</p>
24.	<p>Does any representative, agent/employee or immediate family member of the applicant and/or subsidiaries participate in the management, operation or conduct of charitable gaming activities?</p>	<p><i>If yes, please explain on separate page.</i></p>	<p>Yes _____ No _____</p>
25.	<p>Is any officer, director, partner, principal, owner, members of the immediate family of the applicant with 10% or greater interest, or any and all subsidiaries, agents/employees, a principal in any other charitable gaming supply company?</p>	<p><i>If yes, please explain on separate page.</i></p>	<p>Yes _____ No _____</p>
26.	<p>Does any officer, director, partner, principal, owner, members of the immediate family with 10% or greater interest, agents/employees have any financial or ownership interest in any other gambling/gaming activity or enterprise?</p>	<p><i>If yes, please explain on separate page.</i></p>	<p>Yes _____ No _____</p>
27.	<p>Has the applicant, any officer, director, partner, principal owner or immediate family member of the applicant with 10% or greater interest, any and all subsidiaries, agents/employees, ever been issued a gambling/gaming license by any other agency?</p>	<p><i>If yes, please explain on separate page.</i></p>	<p>Yes _____ No _____</p>
28.	<p>Has the applicant, any officer, director, partner, principal owner or immediate family member of the applicant with 10% or greater interest, any and all subsidiaries, agents/employees, ever been associated with an applicant or any and all of their subsidiaries for a gambling/gaming license which has been revoked, cancelled, surrendered, suspended or whose application for such license has been denied or withdrawn?</p>	<p><i>If yes, please explain on separate page.</i></p>	<p>Yes _____ No _____</p>
29.	<p>Has the applicant, any officer, director, partner, principal owner or immediate family member of the applicant with 10% or greater interest, any and all subsidiaries, agents/employees, ever been (except for traffic violations): indicted, arrested, bond revoked, charged, tried, convicted, court martialled, pled guilty, pled no contest, or had any criminal record expunged related to any crime in Federal court, any State court, the District of Columbia, or any territory of any country?</p>	<p><i>If yes, please explain on separate page.</i></p>	<p>Yes _____ No _____</p>



## PERSONNEL INFORMATION (Continued)

30. Has the applicant, any officer, director, partner, principal owner or immediate family member of the applicant with 10% or greater interest, any and all subsidiaries, agents/employees, ever filed for or been involved in a bankruptcy matter (other than as a creditor)?

*If yes, please explain on separate page.*

Yes \_\_\_\_\_ No \_\_\_\_\_

31. Is the applicant, any officer, director, partner, principal owner or immediate family member of the applicant with 10% or greater interest, any and all subsidiaries, agents/employees currently a known party to any criminal complaint or investigation?

*If yes, please explain on separate page.*

Yes \_\_\_\_\_ No \_\_\_\_\_

32. Is the applicant, any officer, director, partner, principal owner or immediate family member of the applicant with 10% or greater interest, any and all subsidiaries, in the past seven years, a named party to a civil lawsuit, either individually or as a corporate representative, or is there a civil matter currently pending?

*If yes, please explain on separate page.*

Yes \_\_\_\_\_ No \_\_\_\_\_

33. Was the purchase or startup of the applicant business a cash transaction (including cash from loans)? Provide narrative statement as to original source of cash.

*Copy attached?*

Yes \_\_\_\_\_ No \_\_\_\_\_

34. Does any individual listed in the Personnel Section have an option to purchase any share of the business (5% or more)? If yes, please provide details including names and terms of the option.

*If yes, please explain on separate page.*

Yes \_\_\_\_\_ No \_\_\_\_\_

35. Does any individual or entity other than the applicant or any and all subsidiaries own the land, building(s), equipment, or any other assets used by the applicant? Provide full details including owner name, item(s) and terms.

*If yes, please explain on separate page.*

Yes \_\_\_\_\_ No \_\_\_\_\_

36. Has the applicant, any officer, director, partner, principal owner or immediate family member of the applicant with 10% or greater interest, any and all subsidiaries, agents/employees, paid or has knowledge of, in the past or present, any form of compensation in the form of a rebate, gratuity, sales commission, or other consideration of value, to any owner, operator or landlord of a bingo facility, for purposes of allowing the sale of the applicants gaming supplies, products or services utilized by a licensed charitable gaming organization? ***If yes, please list the name of the person who received the consideration, the address and telephone number of the person who received consideration, the name and address of the licensed charitable gaming organization, the amount of the consideration, the date of consideration, and the type/form of consideration.***

*If yes, please explain on separate page.*

Yes \_\_\_\_\_ No \_\_\_\_\_

**PERSONNEL INFORMATION (Concluded)**

37.	Report any and all contributions made to any and all charitable organizations in the Commonwealth of Virginia for the past two calendar years. Use separate sheet as attachment if more space is needed.	<i>Is additional sheet attached?</i>	Yes _____ No _____
(a)	Organization Name: _____  Mailing Address: _____	Amount: \$ _____  Date of Donation: _____	
(b)	Organization Name: _____  Mailing Address: _____	Amount: \$ _____  Date of Donation: _____	
(c)	Organization Name: _____  Mailing Address: _____	Amount: \$ _____  Date of Donation: _____	
(d)	Organization Name: _____  Mailing Address: _____	Amount: \$ _____  Date of Donation: _____	

**Send completed application to:**

**Virginia Department of Charitable Gaming, 101 North 14th Street,  
James Monroe Building, 17th Floor, Richmond, Virginia 23219.**

**Please allow 90 days for processing a complete application.  
Incomplete information will delay processing.**

**INCLUDE A \$500 NON-REFUNDABLE CHECK PAYABLE TO:  
TREASURER OF VIRGINIA**

## SIGNATURES/NOTARY

**A majority owner, or each individual partner or corporate officer listed on the application must sign this application. Each signature must be notarized. You may copy the signature/notary information contained in this section if you require additional space for additional applicant information.**

I declare under the penalties of false swearing and or tampering with public records and/or revocation of any supplier certificate granted pursuant hereto, that I am the applicant or duly authorized representative of the firm or corporation mailing this application and that the answers contained in said application, including any accompanying information or documents have been examined by me and that the matters and things set forth herein are true, correct and complete. I have read each page of this application. I understand if this application or attachments contain false information, I/we are subject to the criminal penalties of the Code of Virginia and/or revocation of any supplier certificate granted pursuant to the application. I also agree that the organization listed on this application and its officers, members and employees will abide by all of the rules and regulations of the Virginia Department of Charitable Gaming pursuant to **Article 1.1.:1** of the **Code of Virginia** of **Chapter 31 of Supplier Regulations of the Department of Charitable Gaming** and any and

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Date

### NOTARY PUBLIC

State of \_\_\_\_\_

County/City of \_\_\_\_\_

\_\_\_\_\_, being duly sworn, if for himself/herself, deposes and says, and that he/she is the applicant above names; or that he/she \_\_\_\_\_ of the above named corporation; that he/she has read the foregoing application and attachments and he/she knows the contents thereof, and that all matters and things therein set forth is true and correct to the best of his/her knowledge, information and belief.

\_\_\_\_\_  
Print Notary Name

\_\_\_\_\_  
Notary Signature

Seal:

\_\_\_\_\_  
My Commission Expires:

## SIGNATURES/NOTARY (Continued)

Print Name

Signature

Position/Title

Date

### NOTARY PUBLIC

State of \_\_\_\_\_

County/City of \_\_\_\_\_

\_\_\_\_\_, being duly sworn, if for himself/herself, deposes and says, and that he/she is the applicant above names; or that he/she \_\_\_\_\_ of the above named corporation; that he/she has read the foregoing application and attachments and he/she knows the contents thereof, and that all matters and things therein set forth is true and correct to the best of his/her knowledge, information and belief.

Print Notary Name

Notary Signature

Seal:

My Commission Expires:

Print Name

Signature

Position/Title

Date

### NOTARY PUBLIC

State of \_\_\_\_\_

County/City of \_\_\_\_\_

\_\_\_\_\_, being duly sworn, if for himself/herself, deposes and says, and that he/she is the applicant above names; or that he/she \_\_\_\_\_ of the above named corporation; that he/she has read the foregoing application and attachments and he/she knows the contents thereof, and that all matters and things therein set forth is true and correct to the best of his/her knowledge, information and belief.

Print Notary Name

Notary Signature

Seal:

My Commission Expires:

## DEPARTMENT OF CHARITABLE GAMING USE ONLY

Date Received: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Denial Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_